

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/27/2014
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF THE WILLOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ELIZABETH DR VALPARAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00142139 and IN00142339.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 12/17/13.</p> <p>Complaint IN00142139- Substantiated. No deficiencies related to the allegation was cited.</p> <p>Complaint IN00142339- Substantiated. No deficiencies related to the allegation was cited.</p> <p>Survey dates: February 25, 26, and 27, 2014</p> <p>Facility number: 000078 Provider number: 155158 AIM number: 100289310</p> <p>Survey team: Regina Sanders, RN, TC Julie Ferguson, RN (February 26 and 27, 2014) Caitlyn Doyle, RN (February 26 and 27, 2014) Heather Hite, RN (February 26 and 27, 2014)</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census by payor source: Medicare: 11 Medicaid: 42 Other: 9 Total: 62</p> <p>Sample: 8</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Life Care Center of the Willows was found to be in compliance with 42 CFR Part 483, Subpart B in regard to the Investigation of Complaints IN00142139 and IN00142339. Quality review completed on March 1, 2014, by Janelyn Kulik, RN.	F 000			